

# A CASE OF SMALL BOWEL PERFORATION

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RECENTLY attention has been drawn to the possible association of small bowel ulceration and oral administration of thiazide combined with enteric coated potassium chloride (*Brit. med. J.*, 1964). Baker and his colleagues (1964) were recorded to have encountered twelve cases of small bowel ulceration, eleven of which were under treatment with the above combination of drugs. The following case was encountered recently at the Erne Hospital and is of interest.

## CASE REPORT

The patient, P.B., aged 10 years, was put on Salupres (hydrochlorothiazide, reserpine and potassium chloride) and Aldomet (methyldopa) in December, 1964, when she was found to have malignant hypertension due to chronic bilateral pyelonephritis. The blood pressure when first seen was 260/170, and was controlled about 140/100 with the above drugs. In January, 1965, the patient complained of intermittent colicky abdominal pain. A barium meal then showed no abnormality.

The hypotensive drugs were continued until April, 1965, when she was re-admitted as an acute surgical emergency; she complained of severe abdominal pain of sudden onset, right and left shoulder tip pain and vomiting. There were signs of shock and generalised peritonitis. A straight X-ray of the abdomen showed no abnormality apart from two radio-opaque tablets in the stomach. Laparotomy was undertaken.

## FINDINGS

There were free intestinal contents in the peritoneal cavity. A solitary localised lesion was present about midway along the small bowel. The bowel wall was thickened for 3-4 cm. and coated with fibrinous exudate; the bowel lumen was narrowed, but the proximal bowel was not dilated. There was a free perforation on the antimesenteric border about 0.5 cf. in diameter with omentum adherent to its margin. Nothing more than simple closure of the perforation with peritoneal drainage was performed, owing to the very poor general condition of the patient.

The post-operative course was uneventful. The patient's blood pressure is now controlled with Aldomet alone.

This case is reported in view of its rarity and possible direct association of small bowel ulceration and oral administration over a period of four months of thiazide and enteric coated potassium chloride.

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## REFERENCES

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